

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213520315			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ELECTRIC INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2013</p> <p>SCC ID NO: F0196164</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 75 SAM FONZO DRIVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: BEVERLY, MA 01915</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS A BOTTICHIO TITLE: VP/CFO/D ADDRESS: 127 ABRINGTON ROAD CITY/ST/ZIP/CO: DANVERS, MA 01923 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS A BOTTICHIO TITLE: VP/CFO/D ADDRESS: 127 ABRINGTON ROAD CITY/ST/ZIP/CO: DANVERS, MA 01923	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: NICHOLAS L SCHULSON TITLE: VICE PRESIDENT ADDRESS: 6 LUCEY DRIVE CITY/ST/ZIP/CO: NEWBURY PORT, MA 01950	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME:	ERICA H WILSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	75 SAM FONZO DRIVE		
CITY/ST/ZIP/CO:	BEVERLY, MA 01915		
NAME:	JOHN T FARADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	75 SAM FONZO DRIVE		
CITY/ST/ZIP/CO:	BEVERLY, MA 01915		
NAME:	Douglas R Seymour	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	75 Sam Fonzo Drive		
CITY/ST/ZIP/CO:	Beverly, MA 01915		
NAME:	W Mark Wigmore	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	75 Sam Fonzo Drive		
CITY/ST/ZIP/CO:	Beverly, MA 01915		
NAME:	Maureen A Hegarty	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	75 Sam Fonzo Drive		
CITY/ST/ZIP/CO:	Beverly, MA 01915		
NAME:	Denise E Kelly	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	75 Sam Fonzo Drive		
CITY/ST/ZIP/CO:	Beverly, MA 01915		
NAME:	Kimberly C Koury	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	75 Sam Fonzo Drive		
CITY/ST/ZIP/CO:	Beverly, MA 01915		
NAME:	Michael J Mucher	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	75 Sam Fonzo Drive		
CITY/ST/ZIP/CO:	Beverly, MA 01915		
NAME:	Dean L Murray	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	75 Sam Fonzo Drive		
CITY/ST/ZIP/CO:	Beverly, MA 01915		
NAME:	Thojmas D Stumpek	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	75 Sam Fonzo Drive		
CITY/ST/ZIP/CO:	Beverly, MA 01915		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ERICA H WILSON	ERICA H WILSON, ASST	4/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			